PAGE 03/08 PRINTED: 12/02/2015 FORM APPROVED

| STATEMENT | of Health Service Re | X11 PROVIDER/SUPPLIER/CUA | (XX) MULTIPLE | CONSTRUCTION (X | 3) DATE SURVEY |
|--------------------------|---|---|---------------------|---|----------------|
| AND PLAN C | F GORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: 0 | 1 | |
| | | HAL092156 | B, WING | | 11/04/2015 |
| NAME OF F | KOVIDER OR SUPPLIER | - | RESS. CITY, 81 | | |
| HEARTFI | ELDS AT CARY | 1050 CRE GARY, NO | SCENT GREE 27511 | | |
| (X4) ID PREFIX TAG | ZEACH DESIGIENCY | TEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL \$C IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I GROSS-REPERENCED TO THE APPROPR DEFICIENCY) | SE COMPLETE |
| C 000 | conducted by Greg November 4, 2015 Based on informat Facility was first lic Ninety-Seven (97) (16) Special Care information, we are the 1996 Rules for Homes and the 19 Building Code, Sec Occupancy; and the | a Biennial Construction Survey Cates and Bob Getchell on Cates and Bob Getchell on ion gathered from our files, the ensed on February 3, 1997 for residents, including Sixteen Residents. Based on this requiring the facility to meet the Licensing of Domiciliary 96 North Carolina State of the applicable portions of the ult care Home of Seven or | C 000 | | |
| C 164 | SECTION .0300 - 10A NCAC 13F .0 FURNISHINGS (a) Adult care how (1) have walls, co- coverings kept cle (2) have no chror (3) have furniture (e) This Rule sha facilities. This Rule is not no | ellings, and ficers or floor can and in good repair; lic unpleasant odors; clean and in good repair; ill apply to new and existing net as evidenced by: rvations, the facility has failed to ings in good repair and clean. | C 164 | | |
| | a- in the 3rd i ceramic tiles inoperative w | loor Spa, there are broken with sharp edges around the | C 164 | Tiles to be covered AND SE. With Plates DAMAGE TO BE PATCHER, Pair AND PRINTED | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE & SIGNATURE

MANUAL MANUA

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| Division o | of Health Service Re | gulation | | AGUSTOLISTICH | (X3) DATE SURVEY |
|---|--|---|--|--|-----------------------|
| STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | COMPLETED |
| | | HAL092156 | B, WING | | 11/04/2015 |
| NAME OF P | ROVIDER OR SUPPLIER | | | TATE, ZIP GODE | |
| HEARTFI | ELDS AT CARY | 1050 CRES | 27511 | | |
| (X4) ID PREFIX TAG | /EACH BEELGIENG! | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) | PREFIX TAG | PROVIDER'S PLAN OF CORRECTION SHOULD CHOOSE-REFERENCED TO THE APPRODEFICIENCY) | D BE COMPLETE |
| C 164 | Continued From pa | age 1 | C 164 | | |
| | damage. c- The ceiling in the Dining Room has been patched but no finish coat has been applied. d- The side-splash at the sink in the Staff breakroom is rotten, warped, and loose. e- The Staff Toilet on the Terrace Level has stained floors and walls that are stained and in need of repair/ paint. f- The corner bead and door frames are soratched and scarred in Resident Room 3 in the SCU. | | 6164 | Carling Person can Per | NEO 11-10-15 |
| | | | 0164 | SPRASH REMOVES BUT MAKE | andre 1-12-16 |
| , | | | C16 4 | Matheman to be convented Strange Room Amonthus Sygnolatch | |
| | | | 0/64 | CERNER MERO COLERA W. CORNER GORDO ARA FRINT | 14 190/20 11-80-15 |
| Ç 166 | Housekeeping-Ma | intained Free of Hazards | C 166 | , | |
| , | 10A NCAC 13F.0 FURNISHINGS (a) Adult care hom (5) be maintained orderly manner, from hazards: | | | | |
| | 1- Based on obse maintain the build storing oxygen co them from falling could affect all pe | net as evidenced by: rvations, the facility has failed to ing free of hazards by not ntainers securely to prevent over or rolling around. This rsons in the facility as the s could fall over, damaging the | | | |
| | Findings inclu a- There are being stored | unsupported oxygen bottles | 0166 | Resident on 02 Gone | 11-81-15 |
| | 2- Based on obse maintain the widt | ervations, the facility has failed to h of the EXIT corridor by storing | | | |

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| Division (| of Health Service Re | gulation | | | Lover marrie d | HIBUEV |
|--|--|---|---------------|---|----------------|--------------------------|
| pipel manufacture of the second secon | | (X2) MULTIPLE CONSTRUCTION A, BUILDING: 01 | | (X3) DATE SURVEY COMPLETED | | |
| | | HAL092156 | B. WING | | 11/04 | 1/2015 |
| NAME OF P | ROVIDER OR SUPPLIER | | | TATE, ZIP CODE | | |
| HEARTF | ELDS AT CARY | 1050 CRES | 27511 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) | PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODERICENCY) | .D 85 | (X5) COMPLETE DATE |
| Ç 166 | C 166 Continued From page 2 | | C 166 | 168 Staging area her bear | | pp-90-pg- |
| | materials and furnit | ture. | | Stating area has been astroblished to prevent further violation | * | |
| | Findings Includ | e: | | terface vieletten | | |
| | Level by the Ki to less than 4 f | orridor in the Terrace tohen has been narrowed eet due to several layers of ne furniture being stored. | 0166 | | | |
| C 189 | Building Equipmen | t Maintained Safe, Operating | C 189 | | . ' | |
| | mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex- | and all fire safety, electrical, lumbing equipment in an adult maintained in a safe and | | | | |
| | 1- Based on obser ensure that the but the emergency EX affects all resident possibly preventing building quickly in | | | | | |
| | Service corrido building are ed delay but are r signage design | olude: cors leading from the or to the exterior of the quipped with a 15-second not labeled with the required nating it as delayed egress. oor leading out of the | 0189 | REALSS (15 SIL) SYN Applica | | 11. 18-15 |

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| <u>f Health Service Ro</u> | gulation | | CONSTRUCTION (X3) | DATE SURVEY |
|---|--|---|--|--|
| STATEMENT OF DESIGNENCIES (X1) PROVIDER/SUPPLIER/CUA | | | (X2) MOETIFEE GOVERNMENT OF | |
| St. Walling A. Lines | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 1 |
| | HAL092156 | B. WING | | 11/04/2015 |
| POVIDER OR \$1199LIED | | DRESS, OITY, 8 | TATE, ZIP GODE | |
| | | | | |
| IILDS AT GARY | | | | |
| TEACH DEFICIENCY | A MUST BE MRECEDED BY FULL | PREFIX TAG | FEARLY CORRECTIVE ACTION SHOULD BE | GOMPLETE DATE |
| stairwell beside equipped with the signage the | a the service corridor is a 15-second delay however at designates it as delayed | C 189 | *6005 8754 (15 800.) Appli TO 100014. | 11-19-15 |
| 2- Based on obser ensure that the bu the fire resistance deficiency directly and visitors by allo | vations, the facility has falled to ilding is safe by not maintaining of building components. This affect all residents, personnel, wing the possible spread of | | | |
| Findings inclu | de: | | | |
| the Boiler Roo | m is damaged with holes | 6189 | Holes Lithed to Fire could | 11.30-15 |
| of the wall. b - There is a findamper out in | ransfer grille without a to the corridor door of the | | Gaills to be Hopitian. | 12-18-15 |
| Janitor ' s Clo c- There is an | set on the 3rd floor. approximately 18 " x 24 " hole | | Hole pryorely scaled by | 18 15-15 |
| above the cei | ling across from Room 307. approximately 18 " x 12.4- hole | | Mobe property sunker by | 12-8-15 |
| above the cei e- There are above the cei | ling outside Room 318. multiple cable penetrations ling on the 2nd Floor including | 0189 | Sacker W/ Free Coulk | 19-18-15 |
| Office. | arge hole above the ceiling in | | To be suche with Flaccoos S | R. 12-14-15 |
| the Dining Ro | oom. several 3- inch holes above | | one Fire Civile | 101. |
| South Tower, h- Above the Kitchen, then | ceiling and sinks in the Main a are several conduits | 0.189 | To be soulso a / of " Fine S.R I on & Lapens | 11-23-15 |
| | ROVIDER OR SUPPLIER BLDS AT CARY SUMMARY STA (EACH DEFICIENCY RESULATORY OR L Continued From pa stairwell beside equipped with the signage the egress is so for 2- Based on obser ensure that the bu the fire resistance deficiency directly and visitors by allo smoke beyond the Findings include a- The rated w the Boiler Roc exposing the so of the wall. b- There is a find damper out in Janitor's Clo c- There is an cut into the co above the cei d- There is an cut into the co above the cei e- There are above the cei at Room 225 Office. f- There is a find finding Roc g- There are the ceiling ab South Tower, h- Above the Kitchen, there | ROVIDER OR SUPPLIER BLOS AT CARY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 stairwell beside the service corridor is equipped with a 15-second delay however the signage that designates it as delayed egress is so faded, it cannot be read 2- Based on observations, the facility has failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin. Findings include: a- The rated wall around the stair tower in the Boiler Room is damaged with holes exposing the stude and decreasing the rating of the wall. b- There is a transfer grille without a damper out into the corridor door of the Janitor's Closet on the 3rd floor, c- There is an approximately 18 " x 24" hole cut into the corridor/ elevator shaft wall above the ceiling across from Room 307. d- There is an approximately 18 " x 12" hole cut into the corridor/ plumbing shaft wall above the ceiling outside Room 318. e- There are multiple cable penetrations above the ceiling on the 2nd Floor including at Room 225, Room 228, and the Wellness | ROVIDER OR SUPPLIER ROVIDER O | A SUPPLIER (AT PROVIDERS UPPLIER COLD REVINE (AT CARY CARY 1980 TO CORRECTION NUMBER) STREET ADDRESS, CITY, STATE, 2P CODE 1980 CRESCENT GREEN DRIVE CARY, NO 27511 SUMMARY STATEMENT OF DETICENCISS (EACH DETICENCISS CARY, NO 27511) SUMMARY STATEMENT OF DETICENCISS (EACH DETICENCISS) (EACH DETICENCY MUST BE PRECEDED BY PULL REQUARRIES OF THE STORM THE WIND INFORMATION) Continued From page 3 stativell beside the service corridor is equipped with a 15-second delay however the signage that designates it as delayed egrees is so faded, it cannot be read egrees is so faded, it cannot be read deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin. Findings include: a- The rated wall around the stair tower in the Boiler Room is damaged with holes exposing the stude and decreasing the rating of the wall. b- There is a transfer grille without a damper out into the corridor devotor that wall above the ceiling across from Room 307. d- There is an approximately 18" x 22" hole cut into the corridor plumbing shaft wall above the ceiling across from Room 318. e- There is an approximately 18" x 22" hole cut into the corridor plumbing shaft wall above the ceiling outside Room 318. e- There is a large hole above the ceiling in the 1st floor kitchen, above the ceiling in the 1st floor kitchen, above the ceiling and sainks in the Mein Kitchen, there are several 3-inch holes above the ceiling and anisks in the Mein Kitchen, there are several conduits To be Scalke wife Fire Combination of the South Tower. HALLOSATE ARTHORNEN TOWN THE CART |

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| Division | of Health Service Re | quiation | | | (X3) DATE | NURVEY |
|--------------------------------|---|--|---------------------|--|-----------|------------------|
| STATEMENT OF DEFICIENCIES 1000 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 | | | COMPLETED | |
| | | HAL092156 | 8, WING | | 11/0 | 4/20 <u>15</u> |
| NAME OF F | ROVIDER OR SUPPLIER | | | TATE, ZIP GODE | | |
| | IELDS AT CARY | 1050 GRES GARY, NC | SCENT GRE 27511 | | | |
| (X4) ID PREFIX TAG | /EAGH DESIGNED | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH COMMECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | OOMPLETE DATE |
| C 189 | Continued From pa | oge 4 | C 189 | | | |
| 0 100 | gaps around th | em. the Resident Storage is held | 1. | WIRE PREMOVED - DORAL | 10 200 | 11.4.15 |
| | open by a wire tied to the handle, preventing it from closing and latching. I- The door from the main corridor to the | | C-189 | | | |
| | | | 6189 | 12-9-15 | | 12-8-15 |
| | oloser. I= The Soiled L broken and wil | inen closet in the SCU is> | C189 | To be auguican by Contro | octors. | 1-12-16 |
| | to maintain an áir s | rvations, the facility has failed gap at the ice machines to om migrating back into the | , | | | |
| | Findings includes as The conder machine in the on top of the f | sate pipe for the ice Main Kitchen is resting | 0189 | compussote Line Monifico and norse. Above train | 0 | 11-18-15 |
| | 3- Based on obser- maintain the plum operating. | vations, the facility has failed to bing systems safe and | | | | |
| | Findings inclu a- in the 3rd F vacuum break wand at the tu | loor Spa, there is no ser for the hand-held | C189 | installed | | 11-18-15 |
| | maintain the safet condition. This co | rvations, the facility has failed to y systems in operating uld affect all occupants of the ant of a power failure. | | | | |
| | Findings inclu | | | Confractor to expan | ie | |
| | the rooftop ai | et on the emergency light near r conditioning units is broken s hanging by the wires. | C189 | Kypt. Electrician | | 12-16-15 |

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| TATEMEN | of Health Service Re r of deficiencies of correction | (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: (B. WING | CONSTRUCTION 01 | | SURVEY PLETED | |
|--------------------------|--|--|---|--------------------|-------|------------------|--|
| | | | DDRESS, OITY, STATE, ZIP CODE ESCENT GREEN DRIVE | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX (EACH CORRECTION SHOULD CROSS-REPERBNCED TO THE APPROPER DEFICIENCY) | | | COMPLETE DATE | |
| C 189 | maintain the buildir operating. This dof persons who need in an emergency. | vations, the facility has failed to ng electrical system safe and loiency may affect those access to the electrical panel | C 189 | , | | | |
| | Findings includes The electrice Storage Room items. | e: al panel in the 2nd Floor is blocked by miscellaneous | 0189 | obstructions as | POULD | 11:5-1 | |
| | | | | | | | |
| | | | | | | | |
| | , | | | | | | |
| | | | | | | | |